U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U -	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name BDDLE : SACHEPTI SACHEPTI	Name SOUTHWEST LABORERS DESTRICT COUNCIL
	Labor Organization File Number 543 629
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5209 BLUEEVERGREEN AVE.	Street 6520 N. 7TH STREET Webback Commenced
City TAS VEGAS	City PHOENIZ:
State Nevada ZIP Code + 4 89131	State Arrizona; ZIP Code + 4 85014
5. Position in labor organization. SEC/TREAS/BUS/MGR/LABORERS/S.	W.D.C.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	a compared to the second of th
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street Company of the state of	
City Control of the C	
State ZIP Code + 4	

#### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Date

Telephone Number

	-			
Name of	Person	Filina	STOCS	SACHETTI

8. Name and address of Business (including trade name, if any).  Name [LABORDERS BEAUTH & SAFETY PUND]  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street [905 LCTH No.  10. If 9.b. or 8.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box Bidg., Room No., if any  Street [905 LCTH No.  11.a. Nature of such dealing.  III/OR OFFICIAL STYTEMED INTERCENCY OF ADDRESS AND INTERCENCY OF ADDRESS AN	B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Street  City  State  ZIP Code +4  ZIP Code +4  ZIP Code +4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  MR. SACHBTIL IS 'N F/T ENLIQYER OF THE LABORBERS S.W.  D. C. ACCORDINGLY, BIS WAGES ARE EXEMPT UNDER IMRA.  SECTION 302 (C) FROM REPORTING. MR. SACHBTIL BS NO OWNERSHIP INTEREST IN THE S.W. DIG. NR. SACHBTIL'S  WAGES ARE PROVIDED ON IRS FORG W22  12.b. Amount.  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Name LABORERS HEALTR & SAFETY FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 905 L6TH NW  City WASHINGTON  State District of Columbia ZIP Code + 4 20006.  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.  UNION OFFICER ATTENDED DINNER MEETING TO ADDRESS APPRENTICESHIP ISSUES APPECTING MEMBERS AND EMPLOYERS.  13. 13. 13. 13. 13. 13. 13. 13. 13. 13.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	City	12.a. Nature of interest held or income received.  MR. SACHETTL IS A P/T EMPLOYTE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WACES ARE EXEMPT UNDER LEMRAL SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W. D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  14.a. Nature of payment.	C. Received from any employer (other than an employer covered unde	r parts A and B above)
	13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	

City

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

14.b. Amount of payment.

Name	of	Person	Filina	PDDTP	SACHETTI
Name	VI.	L CI 2011	rimiy	EDDIE	SACHETTL

## Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LABORERS HEALTH & SAFETY FUND	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 905 167H NW	c. Employer	
City WASHINGTON		
State pistrict of Columbia ZIP Code + 4 26006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	UNION OFFICER ATTENDED DINNER MEET HAW ISSUES AFFECTING UNION MEMBERS LABORERS HAS ADVISES ON BEATH & TR	AND EMPLOYER.
Trade Name, if any:	AFFECTING MEMBERS AND EMPLOYERS.	and the second second
P.O. Box, Bidg., Room No., if any	The second secon	
Street	The state of the s	
City City City City City City City City	The second secon	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$41 ************************************
	12.a. Nature of interest held or income received.	
	MR. SACHETTI IS A F/T EMPLOYEE OF	
	D.C. ACCORDINGLY, HIS WASES ARE EX SECTION 302(C) FROM REPORTING. MR	
	OWNERSHIP INTEREST IN THE S.W.D.C.	
	WAGES ARE REPORTED ON IRS FORM W-2	
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	And the property of the first section of the sectio	
	12.b. Amount.	olist springer (1984)

Name	of Per	rson F	ilina	שדתחש	SACHETTE
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#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name LABORERS HEALTH & SAFETY FUND	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 905 16TH NW	c. Employer
City WASHINGTON	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	UNION OFFICER ATTENDED DINNER MEETING TO ADDRESS HEW ISSUES AFFECTING UNION MEMBERS AND EMPLOYERS LABORERS HES ADVISES ON HEATH ISSUES AFFECTING
Trade Name, if any:	MEMBERS EMPLOYERS AND ERISA HOW FUNDS.
P.O. Box, Bldg., Room No., if any	
Street	
City City Commence of the Comm	
State Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W.
	D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LARA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO
	OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S
	WAGES ARE REPORTED ON IRS FORM W 2.
	and the second of the second o
	to the second
	12.b. Amount. 567

Name of Person Filing EDDIE SACHETT:	Name	of	Person	Filina	EDDIE	SACHETTI
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#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LABORERS HEALTH & SAFETY FUND	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 905 16 TH NW	c. Employer	
City WASHINGTON		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LABORERS H&S & BUS. MGR. REPRESENT IN NEGOTIATIONS WITH MERGER OF SOU NORTH TEXAS LABORERS H&W FUNDS D	TH TEXAS AND
Trade Name, if any:	DISCUSS MERGER:	
P.O. Box, Bldg., Room No., if any	in the second se	
Street		The later than the la
City Raph Commence of the Comm	The same of the property of the same of th	
State	11.b. Approximate dollar value of such dealing.	\$43
	12.a. Nature of interest held or income received.	
	MR. SACHETTI IS A F/T EMPLOYED OF D.C. ACCORDINGLY, HIS WAGES ARE EX	PHE LABORERS S.W. EMPT UNDER LMRA
	SECTION 302(C) FROM REPORTING. MR OWNERSHIP INTEREST IN THE S.W.D.C	
	WAGES ARE REPORTED ON IRS FORM W-2	
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	The state of the s	
	12.b. Amount.	<sup>-</sup>

Name	۸f	Person	Eilina	BODTE	СУСИВШЕТ
Name	OT	reison	FILLIG	EDDIE	SACHETTE

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LABORERS HEALTH & SAPETY FUND	a. Labor Organization	
Trade Name, if any:	Tuesday	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 965 16th NW	c. Employer	
City WASHINGTON		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LABORERS, H&S & BUS/MGR IN DISCUSSI TRAINING/APPRENTICESHID/ETG. ISSUE DISTRICT CONFERENCE I DENNER MEETI	S APPECTING S.W.
Trade Name, if any:	INTERESTED PARTIES.	
P.O. Box, Bldg., Room No., if any		
Street		The second second
City	energy of the second of the se	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	San Phase phases \$45
	12.a. Nature of interest held or income received.	P. G. Commission
	MR. SACRETTI IS A F/T EMPLOYEE OF D.C. ACCORDINGLY, HIS WAGES ARE EX	EMPT UNDER LMRA
	SECTION 302(C) FROM REPORTING. MR OWNERSHIP INTEREST IN THE S.W.D.C.	MR. SACHETTI'S
	wages are reported on irs form w-2	Table opposition of the
	The state of the s	
	12.b. Amount.	\$45

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Name	UITEIS		H:1313111:	CALHEITI

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LABORERS HEALTH & SAFETY FUND	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 905° 16TH NW	c. Employer	
City WASHINGTON		
State pistrict of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LABORERS HAS & MR. SACHETTI ATTEND TO DISCUSS HEALTH BENEFIT MODIFICA	
Trade Name, if any:	MEMBERS.	en de la companya de
P.O. Box, Bldg., Room No., if any	[4] Property of the contract of the contrac	professional speciments of the
Street		
City	en e	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	541
	12.a. Nature of interest held or income received.	
	MR. SACHETTE IS A F/T EMPLOYEE OF	
	D.C. ACCORDINGLY, HIS WAGES ARE EX SECTION 302 (C) FROM REPORTING. MR	
	DWNERSHIP INTEREST IN THE S.W.D.C.	
	WAGES ARE REPORTED ON IRS FORM W-2	
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		<b>网络马克斯克斯克斯</b>
	A September 1 September 1997	amalik kepadan di dikanan di kepada di k Persampulan di kepada di kepad
	12.b. Amount.	941

Name of	Person	Filina	שדתחש	SACHETTI
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#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).  Name LABORERS HEALTH & SAFETY FUND.	9. Business deals with:	
	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 905: 16 TH NW City WASHINGTON		
City WASHINGTON.  State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LABORERS HES & MR. SACHETTI ATTEND TO DISCUSS HEALTH ISSUES FOR UNION	MEMBERS AND
Trade Name, if any:	UNION CONTRACTORS COVERING 14 STAT	P. REGTON.
P.O. Box, Bldg., Room No., if any		
Street		
City	And the second s	Parallel (1) The second of the
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$38
	12.a. Nature of interest held or income received.	
	MR. SACHETTI IS A F/T EMPLOYER OF	THE LABORERS S.W.
	D.C. ACCORDINGLY, HIS WAGES ARE EX SECTION 302(C) FROM REPORTING! MR	
•	OWNERSHIP INTEREST IN THE S.W.D.C.	MR. SACHETTI'S
	WAGES ARE REPORTED ON IRS FORM W-2	
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	The following the substituting $\frac{10}{2}$ and $\frac{10}{2}$ and $\frac{10}{2}$	Production and Control
	12.b. Amount.	\$38

Name of Person Filin	מדממש מ	CACHEGGA
INGLIE OF CISCIT INT	a rodir	SACHETTI

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NATIONAL LECET	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any	b. Trust	,
Street 905 126TH NW	c. Employer	i
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	MR. SACHETTI AS PULL TIME EMPLOYED ORG. WAS REIMBURSED FOR BUSINESS T	RAVEL, MEALS,
Trade Name, if any:	Lodging. He was also receivent of Banquets and other meals in the co Meetings.	
P.O. Box, Bldg., Room No., if any	and the state of t	
Street St	The first property of the control of	
City Carlot State		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$28,502
	12.a. Nature of interest held or income received.	
	AS A FUEL TIME EMPLOYED OF LECET M WAGES ARE EXEMPT UNDER LINEA SECTION REPORTING. MR. SACHETTI HAS NO OW IN LECET & MR. SACHETTI'S WAGES AR	N 302(C) FROM NERSHIP INTEREST E REPORTED ON IRS
	FORM W-2. REIMD. EXPENSES LISTED B	E.I.OW.
		And the second s
	12.b. Amount,	\$28,502

Name of Person Filing	FODTE	SACHETTI
Harrie of Coolin ming	EUULE	SACRETIT

## Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name OVSS - LECET	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 25 CENTURY BLVD., SOUTE 305	c. Employer	
City WASHVILLE		
State Tennessee ZIP Code + 4 37214		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (VSS) - LECET	OVSS-LECET SPONSORED DINNER MEETIN AND BUSINESS MANAGERS TO DISCUSS U	NION JUBS, UNION
Trade Name, if any:	EMPLOYERS HOBS, HEALTH AND TRAININ	G BENEFITS
P.O. Box, Bldg., Room No., if any		
Street 25 CENTURY BLVD., SUITE 305		
City NASHVIDLE	and the second of the second o	Participants (17 and only a second contract of the contract of
State tremessee   ZIP Code + 4   37214	11.b. Approximate dollar value of such dealing.	\$378
	12.a. Nature of interest held or income received.	
	MR. SACHETTI IS A F/T EMPLOYEE OF D.C. HIS WAGES ARE EXEMPT UNDER IN FROM REPORTING. HE HAS NO OWNERSH THE S.W.D.C. HIS WAGES ARE REPORT 2. VALUE OF DINNER MEETINGS SHOWN	RA SECTION 3U2(C) IP INTEREST IN ED ON IRS FORM W-
	Specification of the second se	
	12.b. Amount.	\$378

## ADDENDUM PAGE 1 of 1

Edward J. Sachetti, File # 1	U
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## ADDENDUM E [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exits separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

# ADDENDUM F [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]



It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

### ADDENDUM H [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.